

**Significant Legislative Rule Analysis
Supplemental**

WAC 246-919-435 (New)
A Rule Concerning Training in Suicide
Assessment, Treatment, and Management for
Allopathic Physicians

September 6, 2016

SECTION 1:

Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

The proposed rule implements chapter 71, Laws of 2014 (Engrossed Substitute House Bill 2315). That law created a continuing education requirement (CE) for allopathic physicians, among other professions, in suicide assessment, prevention, treatment, and management. That law permitted a disciplinary authority to exempt a professional from the training requirement if the professional had only brief or limited patient contact. That law also required disciplining authorities to adopt rules necessary to implement this law. Chapter 249, Laws of 2015 (Substitute House Bill 1424) revised some of these CE requirements. The proposed rule incorporates the requirements by:

1. requiring a one-time six-hour training in suicide assessment, treatment and management;
2. requiring that the training be completed by the end of the first full CE period after January 1, 2016, or during the first full CE period after initial licensure, whichever occurs later;
3. providing that the Commission approve the training until July 1, 2017, after which the training must be on the model list developed by the Department of Health; and
4. providing that the hours spent in the training will count toward meeting the general CE requirements.

The law does not address the situation where a physician is exempt but subsequently has more than brief or limited patient contact. The commission proposes to address this situation by requiring that these physicians must complete the training during the first full reporting period after the exemption no longer applies.

Background

According to the centers for disease control and prevention:¹

- Each year, more than 36,000 Americans take their own lives and about 465,000 people receive medical care for self-inflicted injuries.
- Suicide is a serious public health problem that affects people of all ages. For Americans, suicide is the 10th leading cause of death. It resulted in 36,909 lives lost in 2009. The top three methods used in suicides included firearm (51%), suffocation (24%), and poisoning (17%).
- Deaths from suicide are only part of the problem. More people survive suicide attempts than actually die. In 2010, about 465,000 people received medical care for self-inflicted injuries at emergency departments across the United States.

According to the Washington State Department of Health:²

¹ [National Center for Injury Prevention and Control](http://www.cdc.gov/injury/DivisionofViolencePrevention/) - [http://www.cdc.gov/injury/ Division of Violence Prevention](http://www.cdc.gov/injury/DivisionofViolencePrevention/) - <http://www.cdc.gov/ViolencePrevention/>

² <http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/YouthSuicidePrevention/YouthSuicideFacts.aspx>

- Suicide is the second leading cause of death in the state of Washington for youth 10-24 years old and the third leading cause of death nationally.
- There were nearly twice as many suicides as homicides of youth ages 10–24.
- In Washington State and nationally, whites accounted for the highest total number of suicides, while Native Americans accounted for the highest rates of suicide.
- Suicide rates are lower for African-Americans and Hispanics.
- In Washington State and nationally, females attempted suicide more frequently, yet males died by suicide more often by a ratio of at least 4:1.
- In Washington State, firearms are the leading method of suicide for both genders.

Nearly one fifth of veterans struggle with depression or post-traumatic stress disorder, and the suicide rate has doubled in the past decade among those who served in Operation Enduring Freedom and Operation Iraqi Freedom.³

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: reduce factors that increase risk and increase factors that promote resilience. Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

It is the intent of the Medical Quality Assurance Commission (commission) that this proposed rule requires education so that allopathic physicians are sufficiently trained to detect suicidal behaviors, which can help lower the suicide rate.

The proposed rule also incorporated the requirement in chapter 71, Laws of 2014 (Engrossed Substitute House Bill 2315) that the training be completed during the first full CE period after June 12, 2014, or the first full CE reporting period after initial licensure, whichever occurs later. This date was revised by chapter 249, Laws of 2015 (Substitute House Bill 1424) to July 1, 2016, and the proposed rule addresses that change.

SECTION 2:

Is a Significant Analysis required for this rule?

Yes, a significant analysis is required. RCW 34.05.328 requires a significant analysis whenever a rule imposes a requirement that subjects a violator to a penalty or sanction, or when setting a requirement for the issuance of a license or credential. The proposed rule meets both criteria.

³ Rudd, M. D., Goulding, J., & Bryan, C. J. (2011, August 15). Student Veterans: A National Survey Exploring Psychological Symptoms and Suicide Risk. *Professional Psychology: Research and Practice*. Advance online publication. doi: 10.1037/a0025164

SECTION 3:

Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

The general goal of RCW 43.70.442 is to reduce suicide in Washington State. The legislature believes that required training and education in suicide assessment, treatment, and management for certain health professionals, including allopathic physicians, will help achieve this goal.

The proposed rule achieves the authorizing statute's goals and objectives by setting forth the training requirements of the statute.

SECTION 4:

Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

The commission has determined that there are no feasible alternatives to rulemaking because the new law specifically requires rulemaking. Additionally, the proposed rule implements the provision that a disciplining authority may exempt a professional from the requirements if the professional has brief or limited contact by defining the term "brief or limited."

SECTION 5:

Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

Rule Overview: In subsection (1), the commission sets the requirement for a one-time, six-hour training program in suicide assessment, treatment, and management. In addition, subsection (3) outlines commission approved training.

Rule Cost/Benefit Analysis – Since the requirement to complete a one-time, six-hour course in suicide assessment, treatment and management does not add to the total number of CE hours that must be completed, there should be little-to-no added costs for the credential holder. It is also believed that the requirement to have licensed allopathic physicians complete this training will increase their knowledge related to suicidal ideation, and better prepare them in the assessment, treatment, and management of suicidal patients. It is the ultimate goal that this requirement helps save the lives of Washington residents. The rule also exempts physicians who have "brief or limited patient contact" from the training requirement. The rule requires these physicians to complete the training during the first full reporting period after the exemption no longer applies.

Rule Package Cost-Benefit Conclusion

The proposed rule implements chapter 71, Laws of 2014 (ESHB 2315) and chapter 249, Laws of 2015 (SHB 1424), by creating a new CE requirement for allopathic physicians. The proposed rule establishes CE requirements in suicide assessment, treatment, and management. The proposed rule also clarifies the CE due date. It is believed that educating allopathic physicians in

suicide assessment, treatment, and management may save lives in Washington State. Therefore, the benefits of these rules exceed the costs.

SECTION 6:

Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.

Original:

The law gives each disciplinary authority the option to create an exemption for licensees who have brief or limited patient contact. The commission considered not exempting allopathic physicians. Not including this exemption would require more allopathic physicians to take the training and would be more burdensome.

Supplemental:

The commission considered exempting physicians by defining “brief or limited patient contact.” The commission discussed several different ways to define “brief or limited,” including stating a maximum number of patients that a physician could see, or the type of practice a physician can have, and still be considered to have “brief or limited patient contact.” Due to the variety of physician practices, the commission was unable to create a good definition that would be fair to all physicians and remain true to the intent of the statute. The commission decided not to define the term, but to allow physicians to determine, based on their own practices, whether they have “brief or limited patient contact.” Allowing allopathic physicians to determine they have “brief or limited” patient contact and would therefore be exempt from the training requirement is the least burdensome alternative. Though not addressed in the statute, the commission’s rule requires these physicians to complete the training during the first full reporting period after the exemption no longer applies.

SECTION 7:

Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

SECTION 8:

Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The rule does not impose more stringent performance requirements on private entities than on public entities.

SECTION 9:

Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The rule does not differ from any applicable federal regulation or statute.

SECTION 10:

Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

There are no other applicable laws affecting the allopathic physician profession.